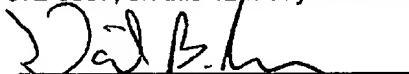


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DATE: March 12, 2003 FAX NUMBER: (703) 872-9307  
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**COMMENTS:****Attached –**

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- Amendment After Final and Request for Reconsideration – 4 pgs.

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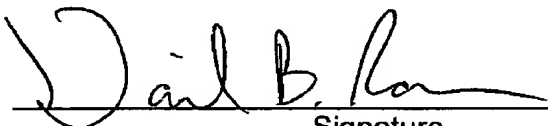
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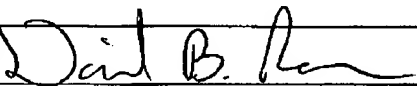
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|---|----------------------|------------------------|--------------|
| <b>TRANSMITTAL<br/>FORM</b><br><br>(to be used for all correspondence after initial filing) | Application Number   | 09/622,353             |              |
|   | Filing Date          | September 12, 2000     |              |
|   | First Named Inventor | John Arbuckle          |              |
|   | Group Art Unit       | 1637                   |              |
|   | Examiner Name        | J. Tung                |              |
| Total Number of Pages in This Submission  | 8                    | Attorney Docket Number | 0457E-PCT-US |

|  |   |   |
|--|---|---|
| <b>ENCLOSURES (check all that apply)</b>   |   |   |
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><br><input type="checkbox"/> Fee Attached<br><br><input checked="" type="checkbox"/> Amendment / Response<br><input checked="" type="checkbox"/> After Final<br><br><input type="checkbox"/> Affidavits/declaration(s)<br><br><input type="checkbox"/> Extension of Time Request<br><br><input type="checkbox"/> Express Abandonment Request<br><br><input type="checkbox"/> Information Disclosure Statement<br><br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><br><input type="checkbox"/> Response to Missing Parts/ Incomplete Application<br><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers (for an Application)<br><br><input type="checkbox"/> Drawing(s)<br><br><input type="checkbox"/> Licensing-related Papers<br><br><input type="checkbox"/> Petition<br><br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><br><input type="checkbox"/> Terminal Disclaimer<br><br><input type="checkbox"/> Request for Refund<br><br><input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group<br><br><input checked="" type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><br><input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)<br><br><input type="checkbox"/> Proprietary Information<br><br><input type="checkbox"/> Status Letter<br><br><input type="checkbox"/> Other Enclosure(s) (please identify below): |
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| Firm or Individual name                           | David B. Ran  |
| Signature   |  |
| Date  | March 12, 2003  |

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